

**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.

**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.

**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)  
ONLY IF NEEDED2. TO (Include ZIP Code)  
COMMANDER, HRC  
ATTN: AHRC-EPC-H  
2461 EISENHOWER AVENUE  
ALEXANDRIA, VIRGINIA 22331-04503. FROM (Include ZIP Code)  
SOLDIER'S UNIT COMMAND INFO**SECTION I - PERSONAL IDENTIFICATION**4. NAME (Last, First, MI)  
DOE, JOHN H.5. GRADE OR RANK/PMOS/AOC  
E-3/PFC6. SOCIAL SECURITY NUMBER  
123-45-6789**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check as appropriate)

<input checked="" type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)  
SOLDIER'S SIGNATURE (MUST BE LEGIBLE)

10. DATE (YYYYMMDD)

**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

1. Soldier request to attend the next available SQI 300-F6, Flight Medic, course and Soldier's command request Soldier be scheduled TDY and return/TDY Enroute (whichever one applies). Soldier's command understands if they recommend Soldier for training TDY and return, they are responsible for funding the entire training of this course for the Soldier.

2. Soldier has been counseled as to attendance of service school, IAW AR 614-200, meets the standards IAW AR 600-9, and is fully qualified IAW DA PAM 611-21.

3. Soldier understands that this course requires a certain grade requirement and if the Soldier becomes promotable or promoted after acceptance into the course they have become ineligible and will be immediately disenrolled from the course.

4. Soldier also understands that if he/she does not have sufficient time remaining in service to meet the service obligation, the Soldier will be required to re-enlist or extend his/her current contract of enlistment, IAW Ch 3, AR 601-280 upon notification of acceptance for training. Furthermore, Soldier understands he/she is volunteering for duty as a flight crew member.

Soldier's AKO Address

Commander's AKO Address

Encls:

1. Class III Flight Physical (within 6 months) and DA 4186

3. Current National Registry of EMT-B

5. ERB

2. APFT Scorecard, DA 705 (within 6 months and no substituted events)

4. Current BLS Certification

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☒ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

COMMANDER'S SIGNATURE BLOCK

CDR'S SIGNATURE (MUST BE LEGIBLE)